

STATE OF ARKANSAS DEPARTMENT OF INSURANCE

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Web site: www.arkansas.gov/insurance E-mail: rick.toland@arkansas.gov

CERTIFICATION OF NET WORTH BY APPLICANT FOR INITIAL LICENSE OR RENEWED LICENSE

	On this	_ day of		, 20	, I,			,	
		_					(Name)		
an aut	horized repr	esentative of _		(Corporat	tion/Proprietor	shin)	, the	e Applicant, do	
		oath, the follo		Согрога	ion/i roprietor	siiip)			
1.	As of the preceding calendar year end, December 31,, the aggregate contract price of all outstanding and unfulfilled prepaid funeral benefits contracts of the Applicant totaled \$								
2.	The Applicant's balance sheet dated, 20, [a date not preceding thirty (30) days of the application date], has been prepared in accordance with generally accepted accounting principles and reflects the Applicant to have a net worth of \$								
						Authorized Representative			
County State	Arkans	as							
Subsc	ribed and sw	vorn to or affir	med before	me this _	day	of		, 20	
						No	tary Public		
						Commiss	sion Expirat	ion Date	